

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12297

Registration District No. 131

Primary Registration District No. 4202

Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Spickard
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 89-10-2 years, months or days

3. (a) PRINT FULL NAME Eliza Meero Schooler

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married Widowed

6. (b) Name of husband or wife Francis Schooler 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 23 1858
(Month) (Day) (Year)

8. AGE: Years 89 Months 10 Days 2 If less than one day hr. _____ min. _____

9. Birthplace Spickard Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farm wife

11. Industry or business

MOTHER FATHER { 12. Name Samuel Meero
13. Birthplace Ky
(City, town, or county) (State or foreign country)
14. Maiden name Jina Henry Meero
15. Birthplace Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Coy Heck
(b) Address Spickard Mo.

17. (a) Burial (b) Date thereof April 27 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem. Spickard Mo.

18. (a) Signature of funeral director Schooler James Hone
(b) Address Spickard Mo.

19. (a) 4/30/48 (b) Mrs. Nathan Cooper
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Grundy
(c) City or town Spickard
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1948 hour 5 minute 00 A.M.

21. I hereby certify that I attended the deceased from March 1 1948 to Apr 24 1948
that I last saw her alive on Apr 24 and that death occurred on the date and hour stated above.

Immediate cause of death Organic heart disease

Due to Infirmities of Old Age

Due to _____

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations 15

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature EW Ewing (M. D. or other) _____
Address Spickard Mo Date signed 4-27-48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Ross Wise

Licensed Embalmer No.....

3771

P. O. Address.....

Spickard Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.